

Name  
in  
Full

Minnie Barnes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Nov	Day 26	Years 72	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Widow	Name of Wife or Husband					
Father's Name	Not known			Father's Birthplace	Not known		
Mother's Maiden Name	Not known			Mother's Birthplace			
Name of person giving Information	Granddaughter Lucy			How related to deceased	Wilson		
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary

Anemia told age

54

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

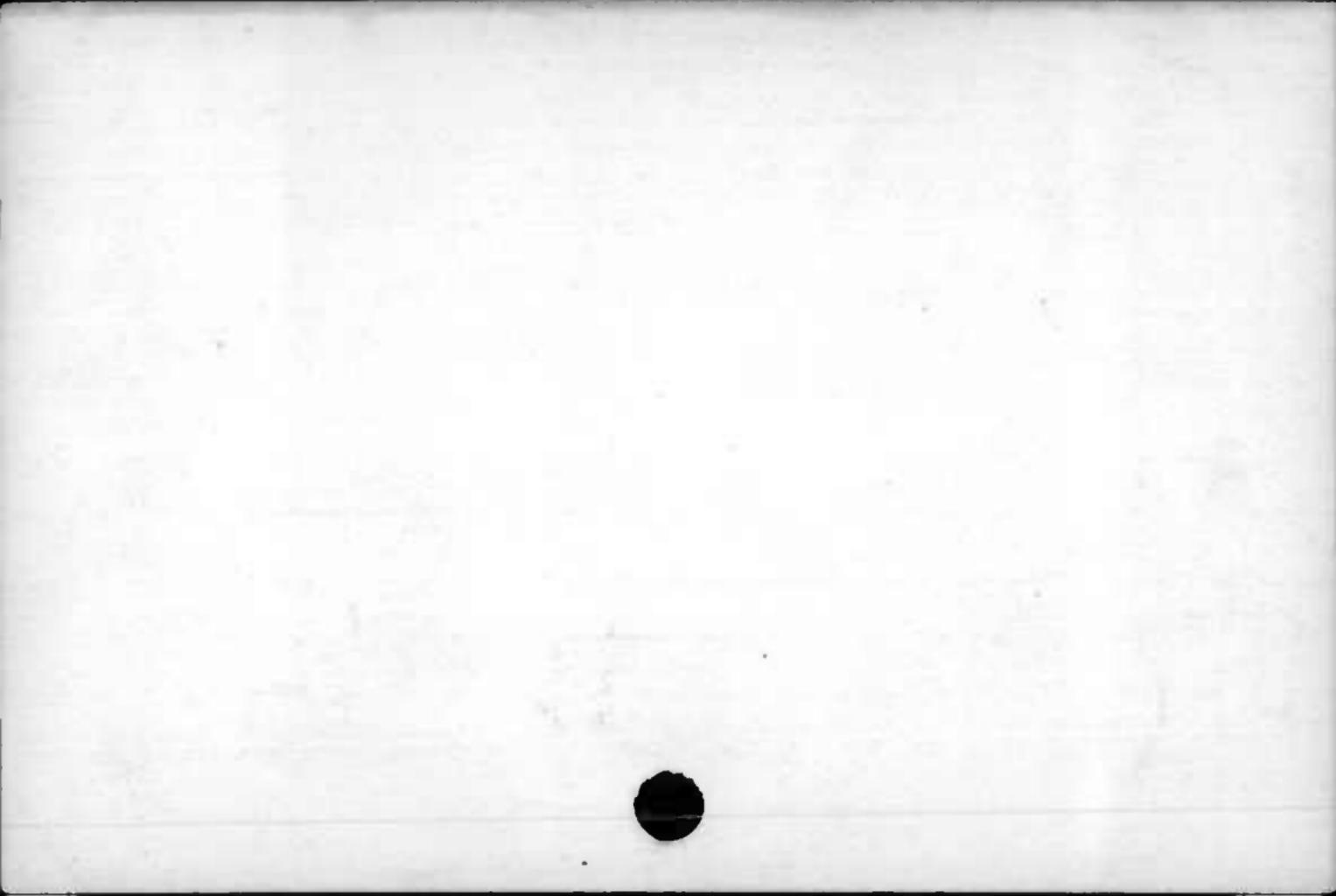
Signature of Physician

Address

J. C. Edwards  
5th and Michaels

MD

Accident or Suicide?



Name  
in  
Full

Mary Libraca Brinsfield

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1905	Month Nov	Day 25 <sup>th</sup>	Age 62	Years	Months 3
Sex	Female	Color or Race	white	Days 13		
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Thos. H. Brinsfield			
Father's Name	James Madison Parrott					Father's Birthplace Talbot Co -
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Thos. H. Brinsfield					How related to deceased Husband

CAUSES OF DEATH

Primary

Chronic Nephritis

✓HD

How long

2 yrs.

Immediate

Arenia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

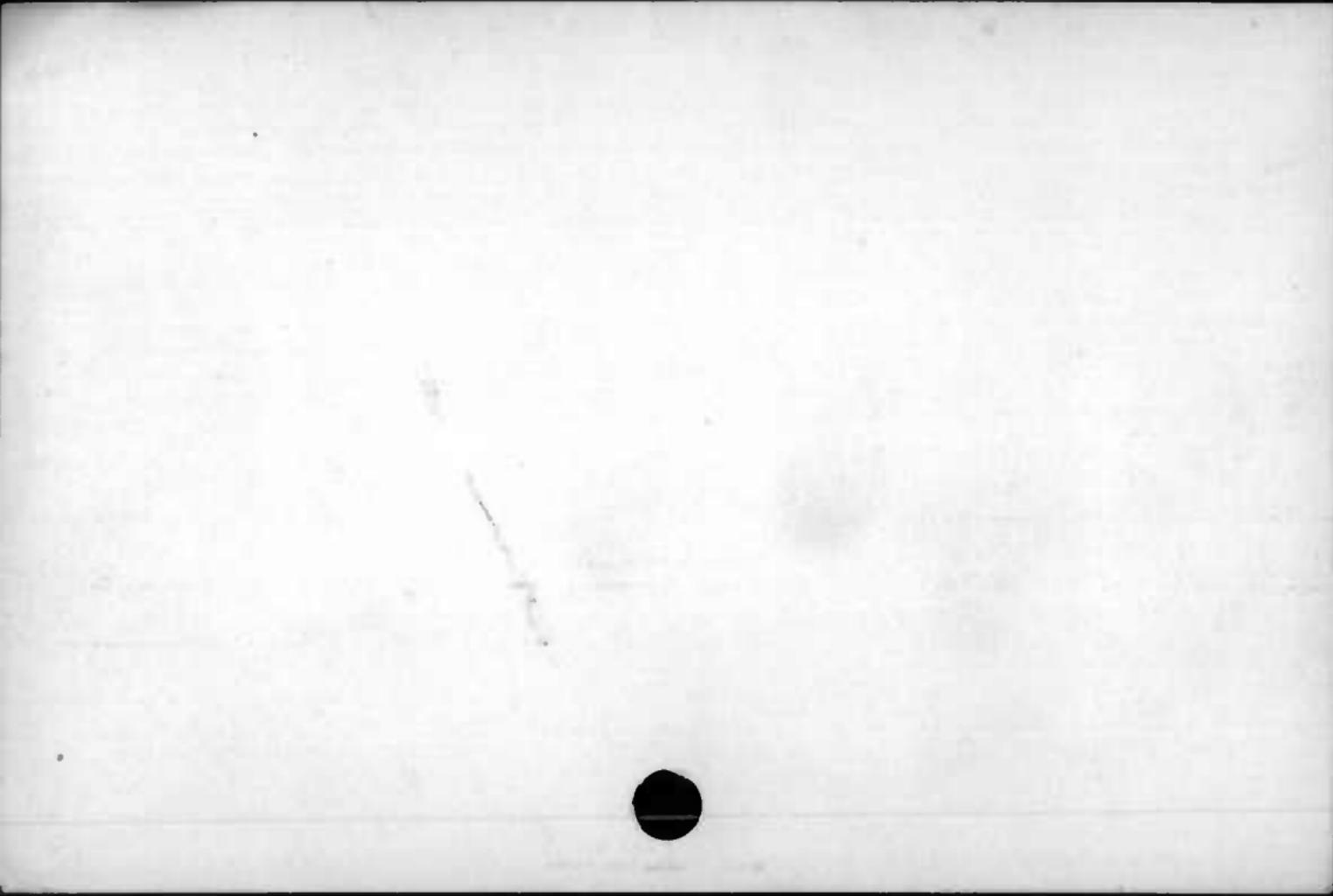
Address

Wm S. Seymour

Grapeke Md.

Accident or Suicide?

No



Name  
in  
Full

Belle Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

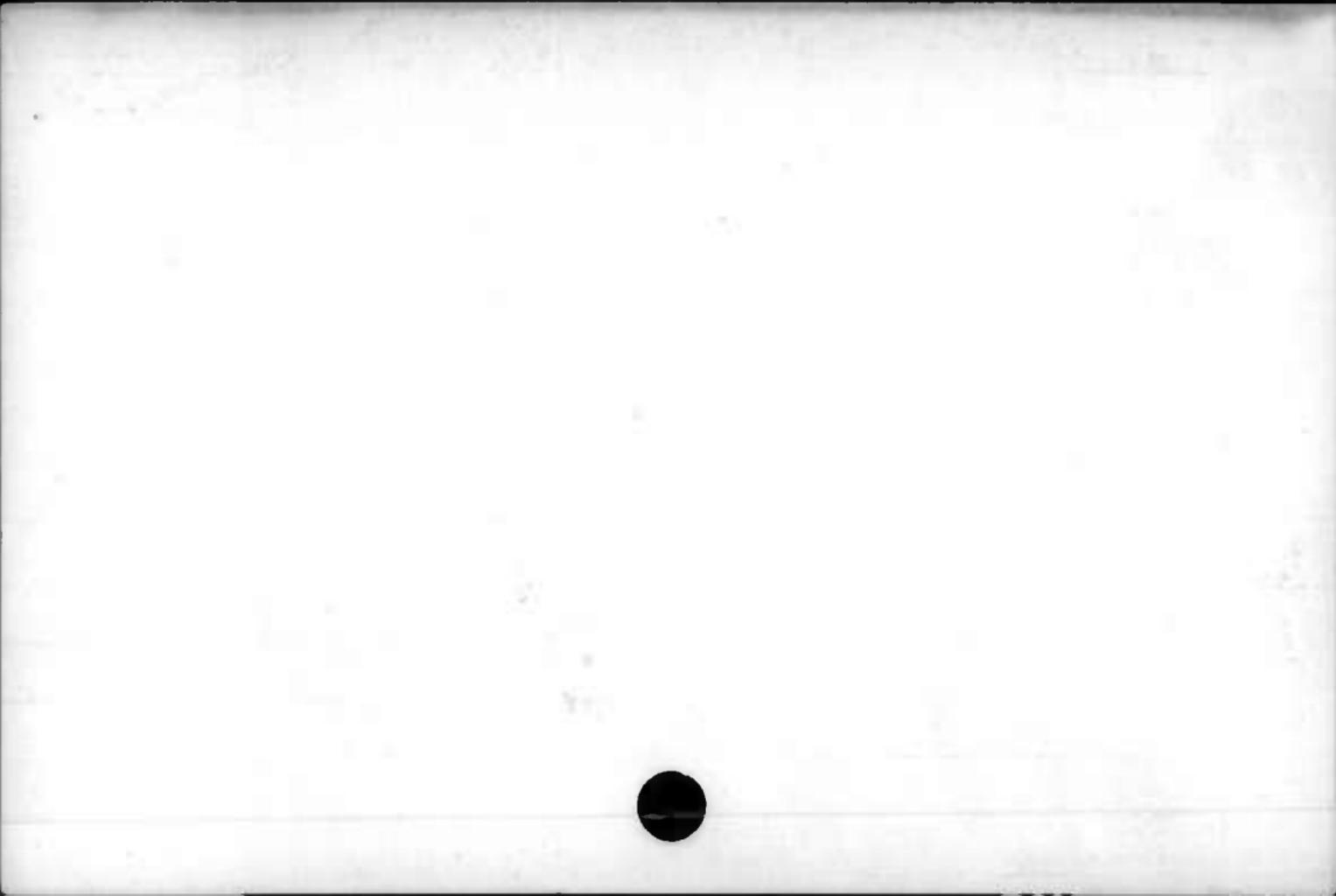
Died at		Town	County		MARYLAND		
Date of death	1905	Month Nov	Day 4	Age	Years	Months	Days
Sex	Female	Color or Race	negro		Birth-place	Trappe	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		not known		Father's Birthplace		—	
Mother's Maiden Name		Belle Brooks		Mother's Birthplace		Trappe	
Name of person giving information		Albert Brooks		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	not known	How long
Immediate	not known	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

Jas. L. McCormick  
Trappe, Md.



Name  
in  
Full

William A Basson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Royal Oak</u>		Town <u>Talbot</u> County <u>Talbot</u>		MARYLAND	
Date of death <u>1905 Nov</u>	Month <u>Nov</u>	Day <u>2</u>	Years <u>70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Talbot County</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>L Scott Kilmon</u>	How related to deceased <u>Undertaker</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pancreas

60

How long Immediate

Immediate dr

How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

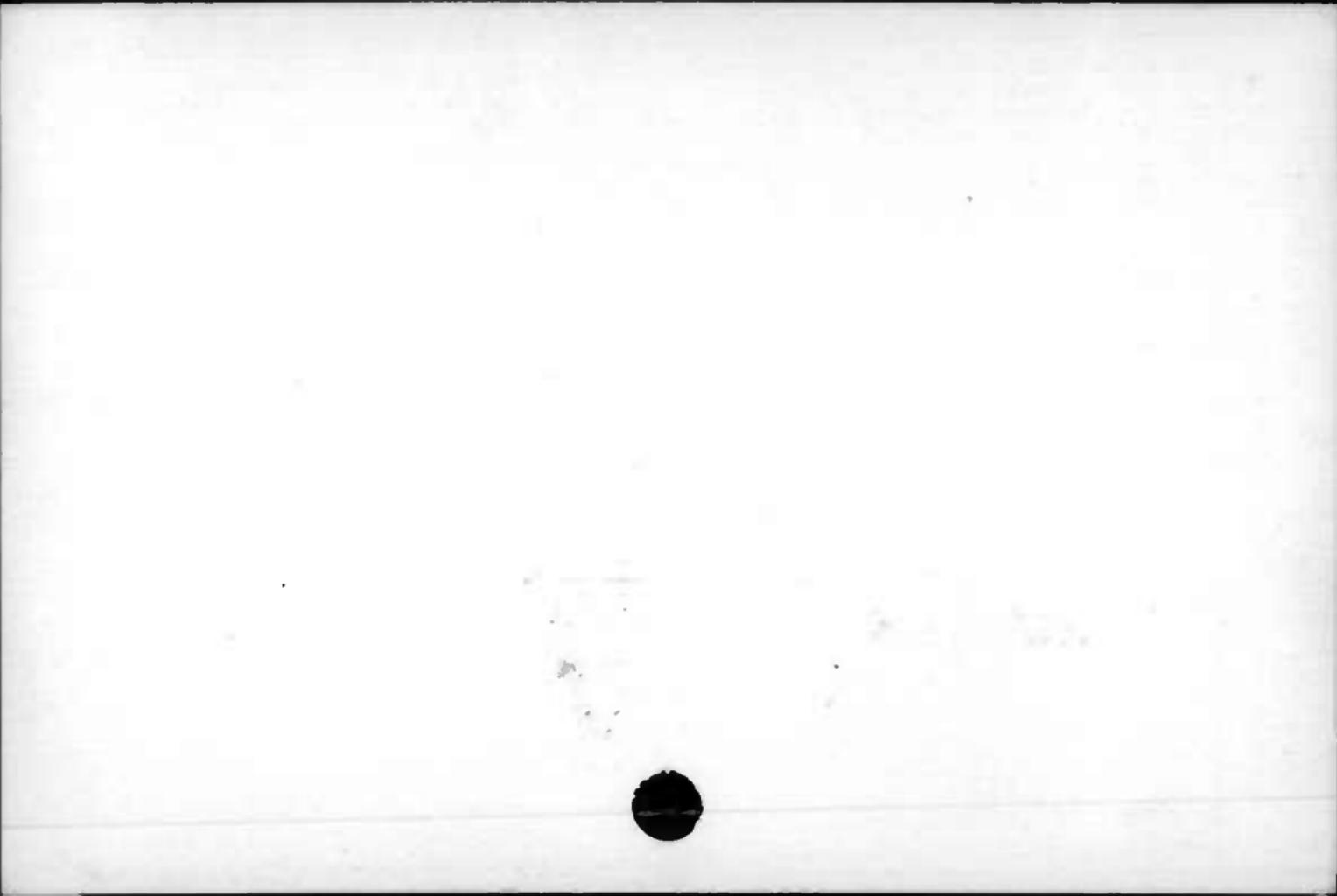
L Scott Kilmon Undertaker

Address

Royal Oak

Accident or Suicide? —

Talbot Co Ma



Name  
in  
Full

George Frederick Coleman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Belieeville.	Town	County		MARYLAND		
Date of death 1905	Month 11	Day 29	Age —	Months 6	Days 7	
Sex Male	Color or Race	Ethnic		Birth- place Talbot Co. Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George Thomas Coleman					Father's Birthplace Queen Anne Co. Md.
Mother's Maiden Name	Laura Trice					Mother's Birthplace Talbot Co. Md.
Name of person giving Information	Geo Coleman					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Bronchitis

How long

2 day -

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

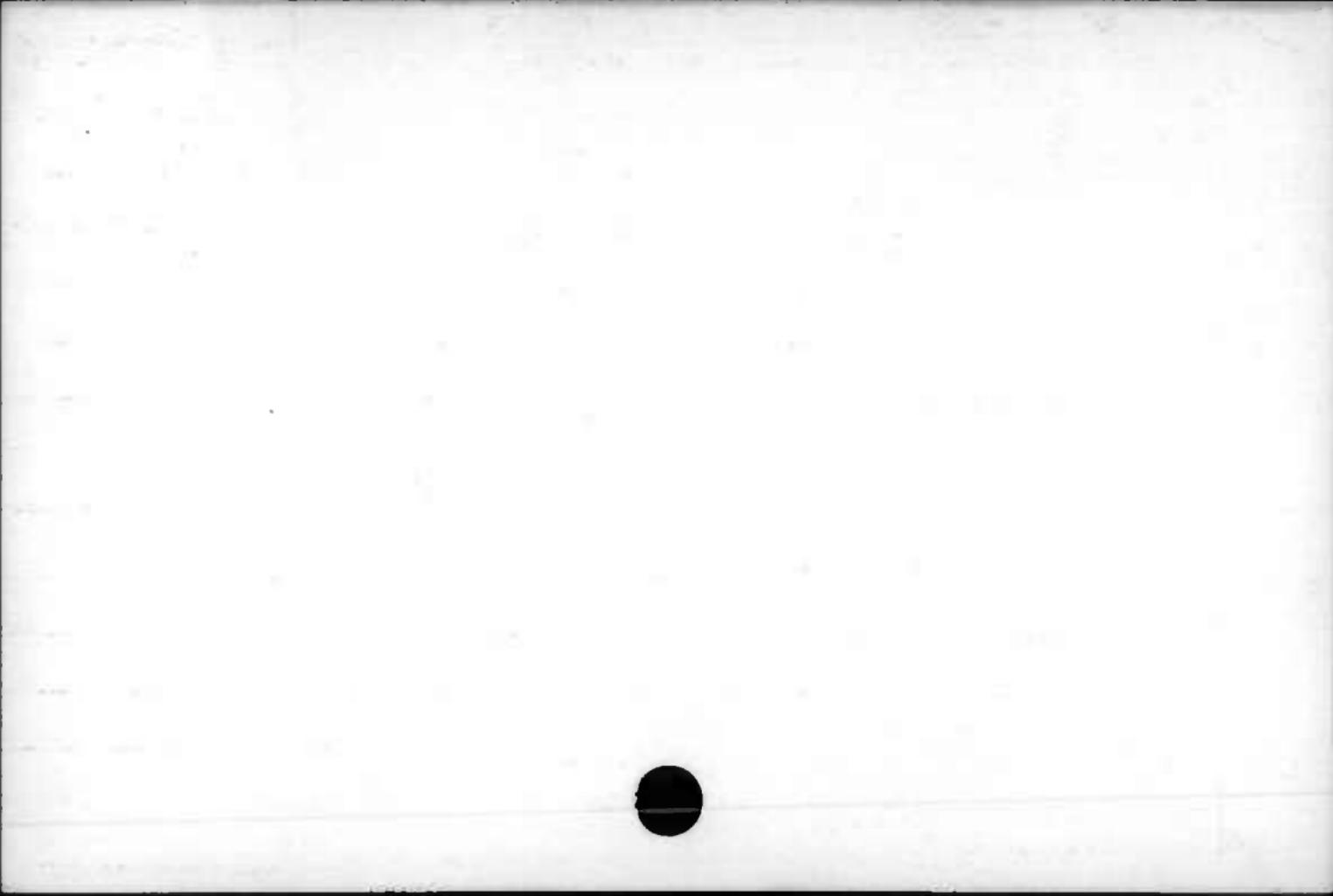
Yes

Signature of  
Physician

Address

Joseph A Rossi M.D.  
Chesapeake, Talbot Co. Md.

Accident or Suicide?



Name  
in  
Full

Ida May Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY

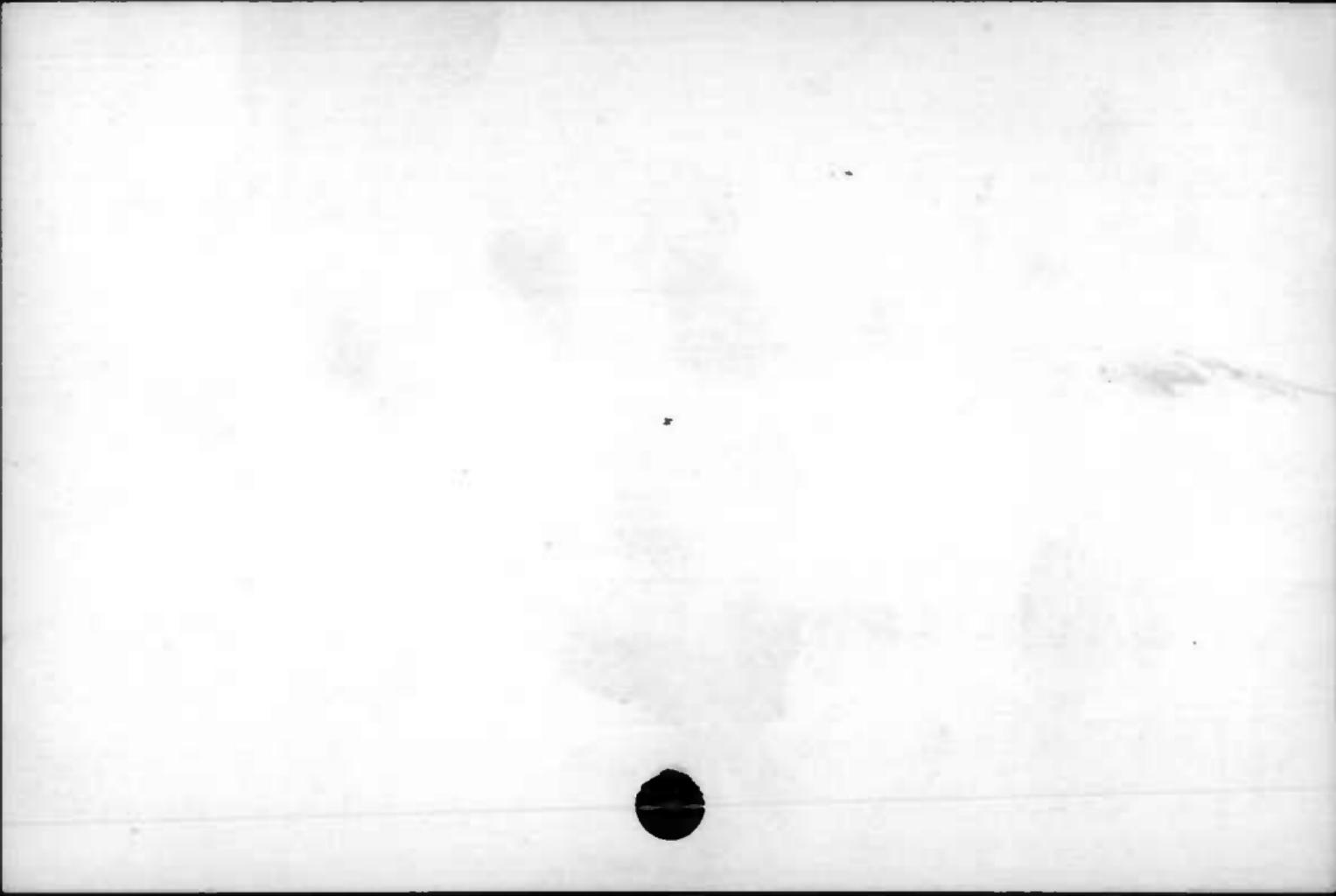
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Colored	Birth-place
Occupation	Washwoman			Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Green			Father's Birthplace
Mother's Maiden Name	Sarah Williamson			Mother's Birthplace
Name of person giving information	John Green			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Rebecca Harding

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Nov.	Day 29	Age about 45.	Years ?	Months ?	Days ?
Sex	Female	Color or Race	Negro				
Occupation	Wash Woman		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	Charles Harding -			
Father's Name	Steven Gibbs		Father's Birthplace Q.a. Co. Md				
Mother's Maiden Name	Sarah Rebecca		Mother's Birthplace " " " "				
Name of person giving Information	Chas. Harding		How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	3 yrs.
	Immediate	Exhaustion		How long	y few days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Chas. H. Dawson	
			Address	Easton, Md.	
Accident or Suicide?					

42

James Alexander Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died near <u>Hambleton</u>		County <u>Salisbury</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>11</u>	Day <u>11</u>	Years <u>55-</u>	Months <u>10</u>	Days <u>25-</u>	
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birthplace <u>Salisbury 60, Md</u>				
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lucinda Harris</u>					
Father's Name <u>Don't know</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>Nicholas Briscoe</u>	How related to deceased <u>Uncle - law</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chilmonary Tuberculosis  
Exhaustion

How long

20 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

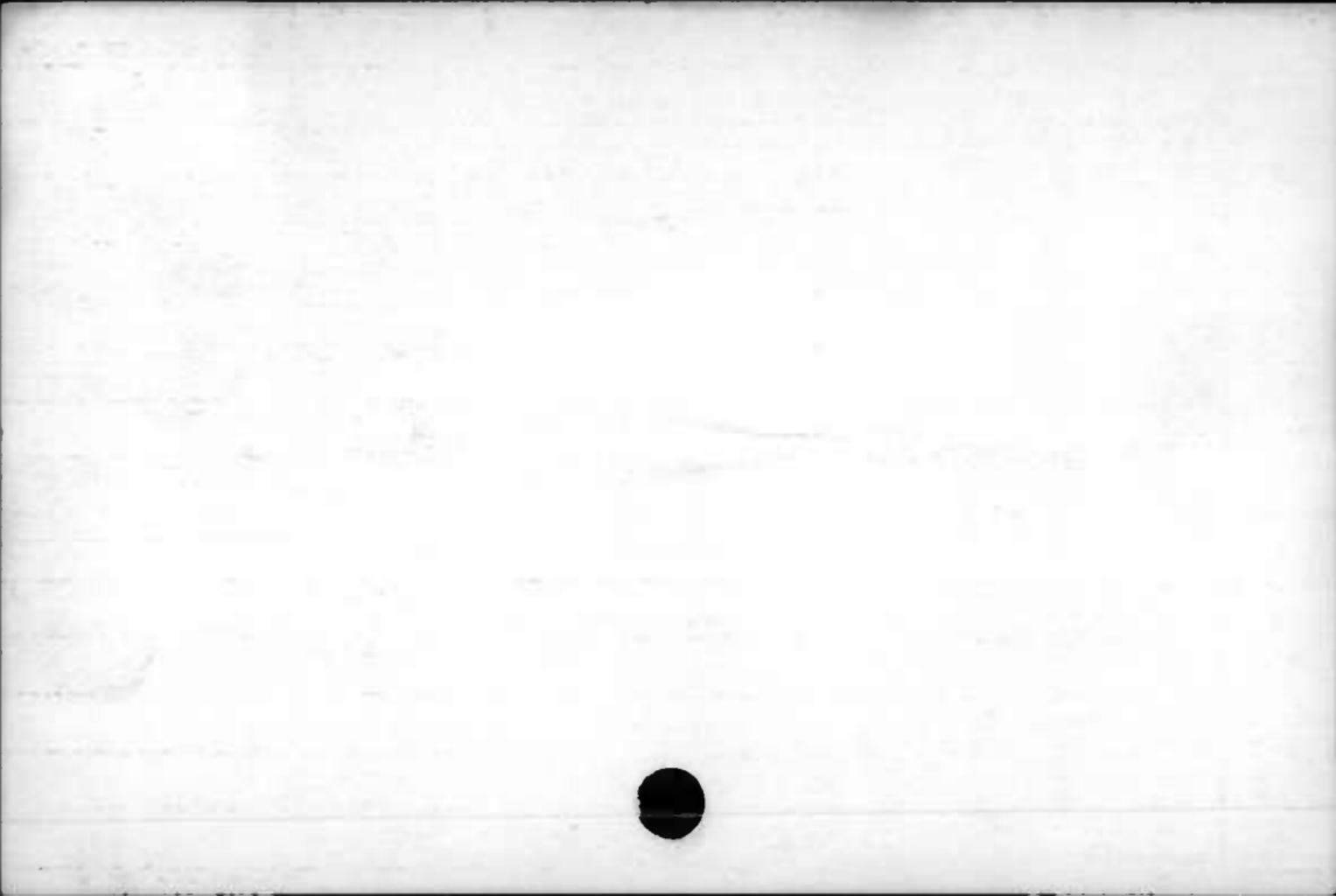
Yes

Signature of Physician

Address

Joseph A. Ross, M.D.  
Proprietary, Salisbury 60, Md

Accident or Suicide?



Andrew Hemming				CERTIFICATE OF DEATH		
Died at Oxford		Town		County Maryland		MARYLAND
Date of death 190	5 Nov 25	Month Sat	Day	Age 53	Years	Months
Sex Male	Color or Race white	Occupation Carpenter			Birth- place Finland	Days
Married, Single or Widowed Married	Name of Wife or Husband Anne Hemming			Father's Name Jacob Hemming		
Mother's Maiden Name			Mother's Birthplace Finland			Father's Birthplace Finland
Name of person giving Information Mrs Anne Hemming			How related to deceased wife			How long Three years

## CAUSES OF DEATH

Primary

Cancer of Stomach

How long

Three years

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

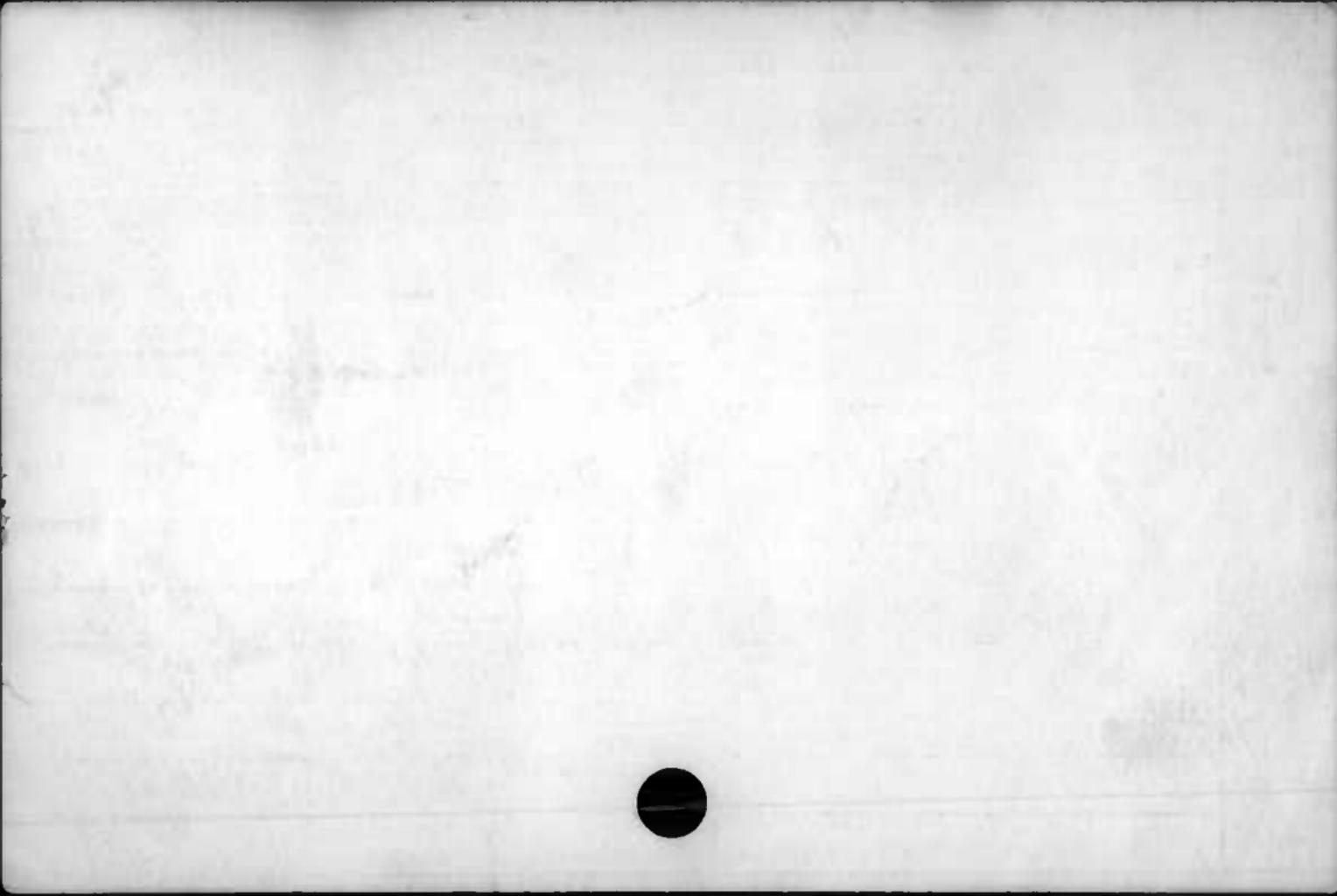
Signature of  
Physician

Address

J.A. Stevens M.D.  
Oxford  
Md.

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Mary Ann MacIntosh

CERTIFICATE OF DEATH

Died at Easton		Town County albot		MARYLAND	
Date of death 1905	Month November	Day 12	Years Age 58	Months Four	Days Five
Sex Female	Color or Race White	Birth- place Canada			
Occupation Housewife	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband H. M. MacIntosh				
Father's Name William Boundary	Father's Birthplace England				
Mother's Maiden Name Maria Cornish	Mother's Birthplace England				
Name of person giving Information Ella MacIntosh	How related to deceased Daughter				
CAUSES OF DEATH					
Primary Pulmonary Tuberculosis	How long 6 yrs				
Immediate Hemorrhage	How long 1 hr				

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Chas. F. Daig Jr  
Easton, Md.

Accident or Suicide?

—481

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Baber

Maddox (W. W.)

CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Tilly Leman

County  
Salisbury

Date  
of death

1905

Month  
Nov.

Day  
26

Years  
~

Months  
~

Days  
~

Age  
~

Sex  
Female

Color or  
Race

Black

Birth-  
place  
~

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

David Maddox

Father's  
Birthplace

Somerset Co. Md

Mother's  
Maiden Name

Sarah Balord

Mother's  
Birthplace

Somerset Co. Md

Name of person giving  
Information

David Maddox

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Prominent birth

How long

~

Immediate

7 mos -

How long

~

Are the name, age, sex, color, date  
and place correctly given above?

Yes

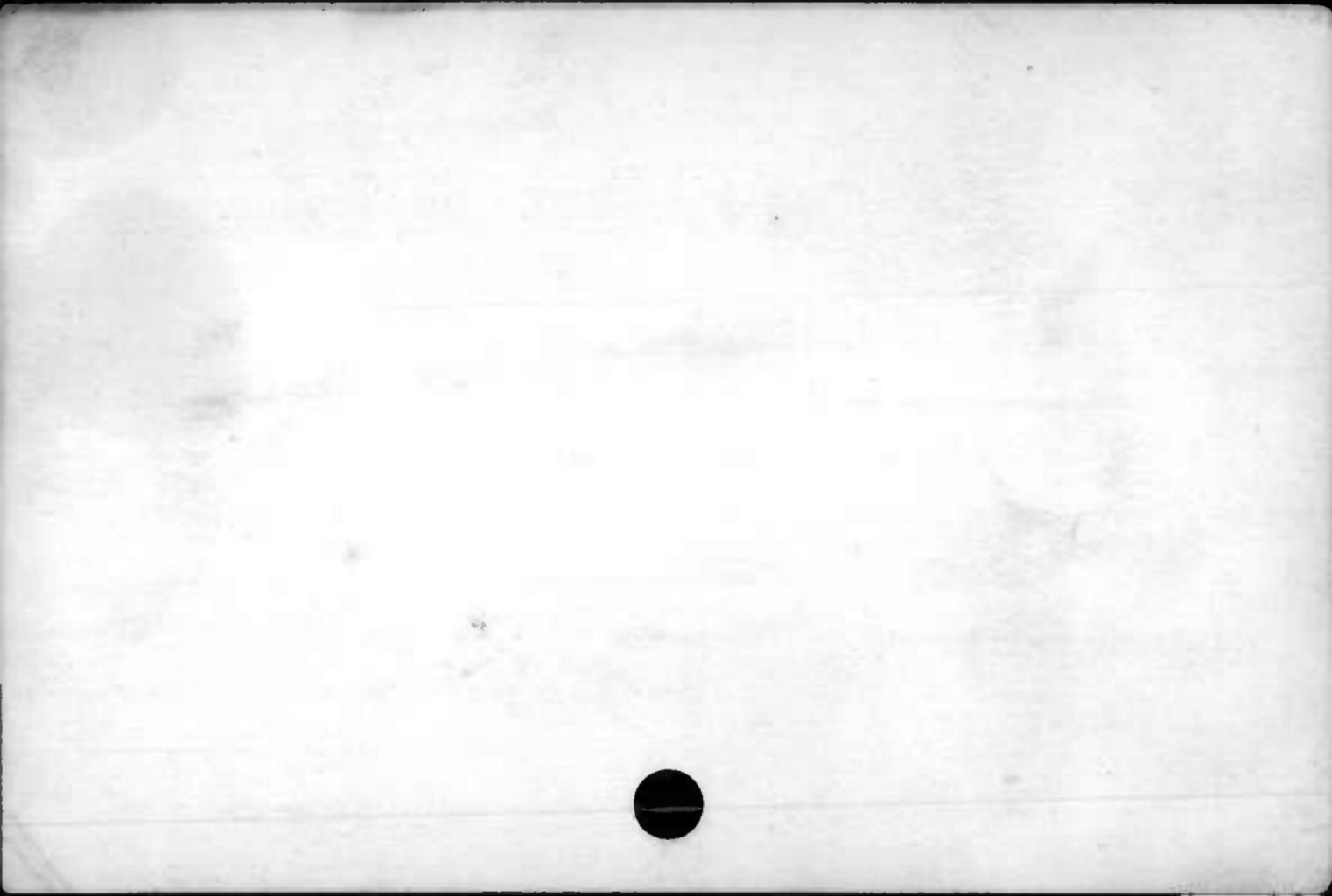
Signature of  
Physician

Address

S. K. Wilson

Tilly Leman  
Md

Accident or Suicide?



Name  
in  
Full

Allen Merrick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Buccerville</b> Town		County <b>Talbot</b>		MARYLAND	
Date of death <b>1925</b>	Month <b>Dec</b>	Day <b>23</b>	Age <b>6</b>	Months	Days
Sex <b>male</b>	Color or Race <b>white</b>	Birthplace <b>Buccerville</b>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<b>J. J. Merrick</b>				
Mother's Maiden Name	<b>Alberta Beany</b>				
Name of person giving information	<b>S. J. Merrick</b>				
151					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Pneumonia - nephritis**

How long

**1 day**

Immediate

**Convulsions**

How long

**3 hrs**

Are the name, age, sex, color, date and place correctly given above?

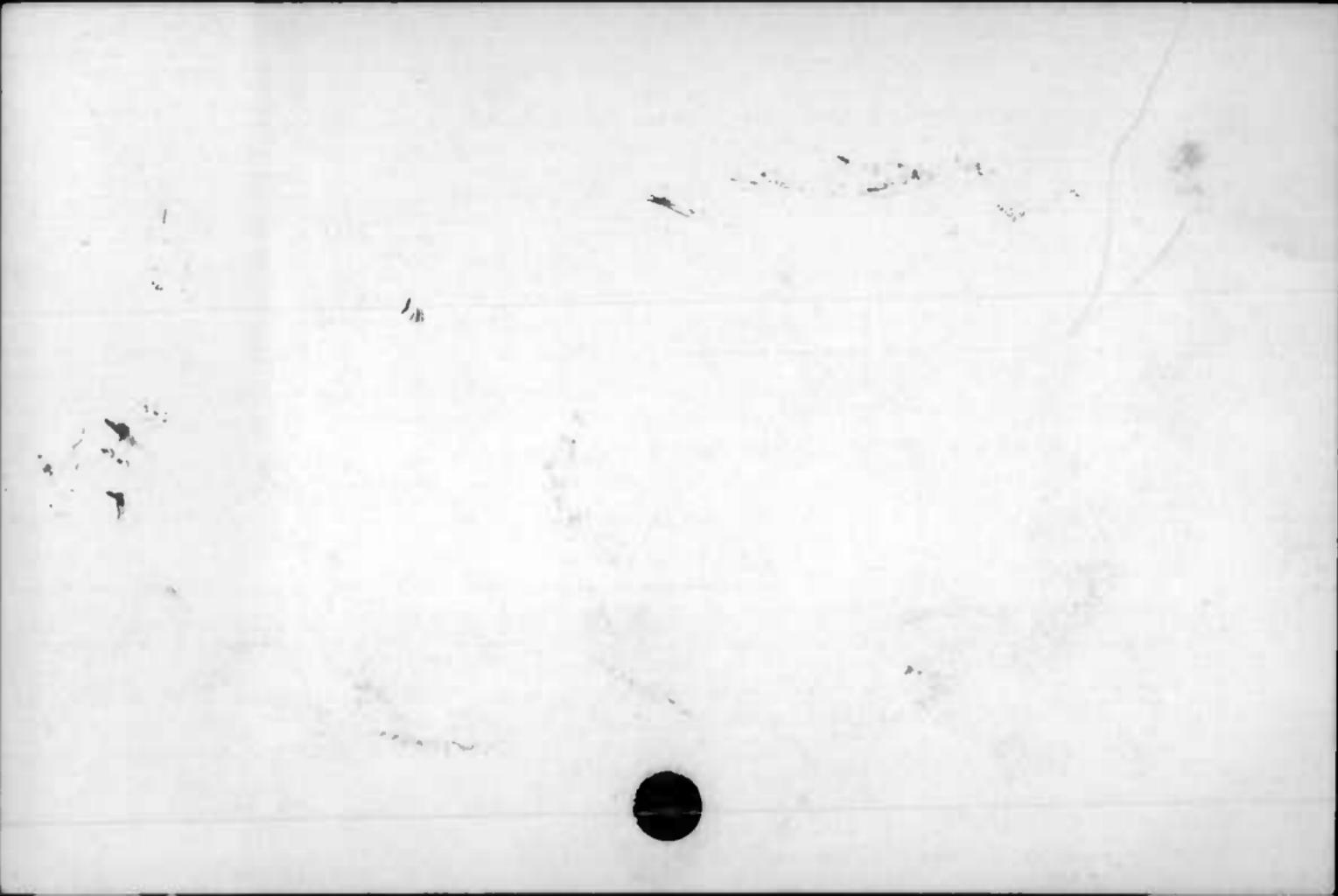
**Yes**

Signature of Physician

Address

**W. J. Seymour  
Topp**

Accident or Suicide?



Name  
in  
Full

Auster Merrick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

1905 Nov 20 1 8

Male white Baltimore

Occupation

Married, Single or Widowed

Name of Wife or Husband

Father's Name 5. J. Merrick

Mother's Maiden Name Alberta Bemey

Name of person giving Information S. J. Merrick

Father's Birthplace Talbot Co.

Mother's Birthplace Talbot Co.

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronicity - nephritis

How long

2 days

Immediate

Tuberculosis

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

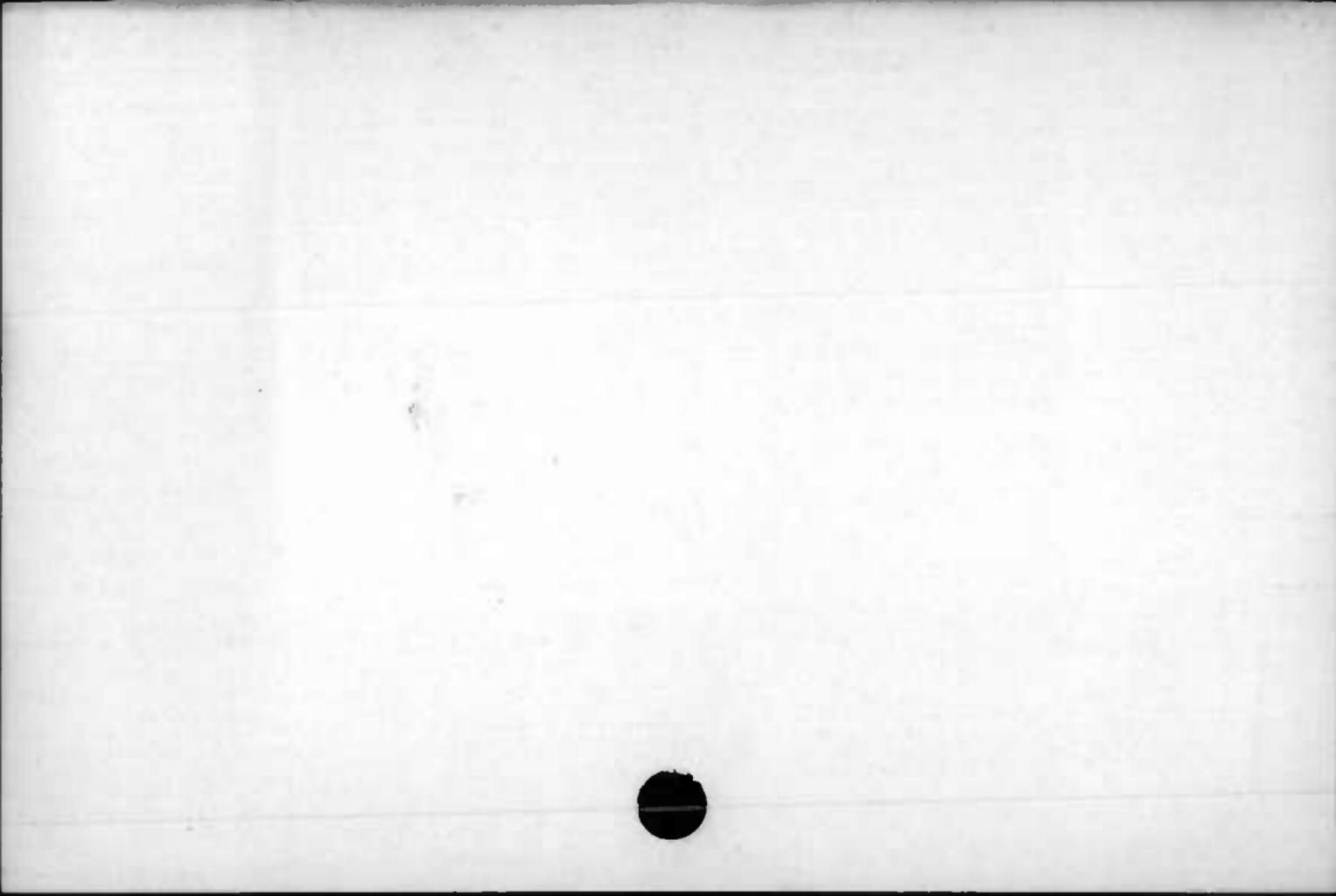
Yes

Signature of Physician

Address

Wm S. Seymour  
Trapeze

Accident or Suicide?



Name  
in  
Full

Margaret A Nickeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u>		Town <u>Salisbury</u>		County		MARYLAND	
Date of death <u>1905</u>	Month <u>November</u>	Day <u>12</u>	Years <u>79 years</u>	Months <u>10</u>	Days <u>2</u>		
Sex <u>Female</u>	Color or Race <u>white</u>			Birth- place <u>Delaware</u>			
Occupation <u>Housekeeping -</u>		Where Residing if not at place of death <u>Easton M.</u>					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>William O. Nickeson</u>			Father's Birthplace <u>Delaware</u>			
Father's Name <u>John Clark</u>				Mother's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Sarah Clark</u>				How related to deceased <u>Son</u>			
Name of person giving Information <u>Geo F Nickeson</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>General debility</u>	How long <u>6 months</u>
Immediate <u>Heart failure</u>	How long <u>—</u>

Are the name, age, sex, color, date  
and place correctly given above?

yes

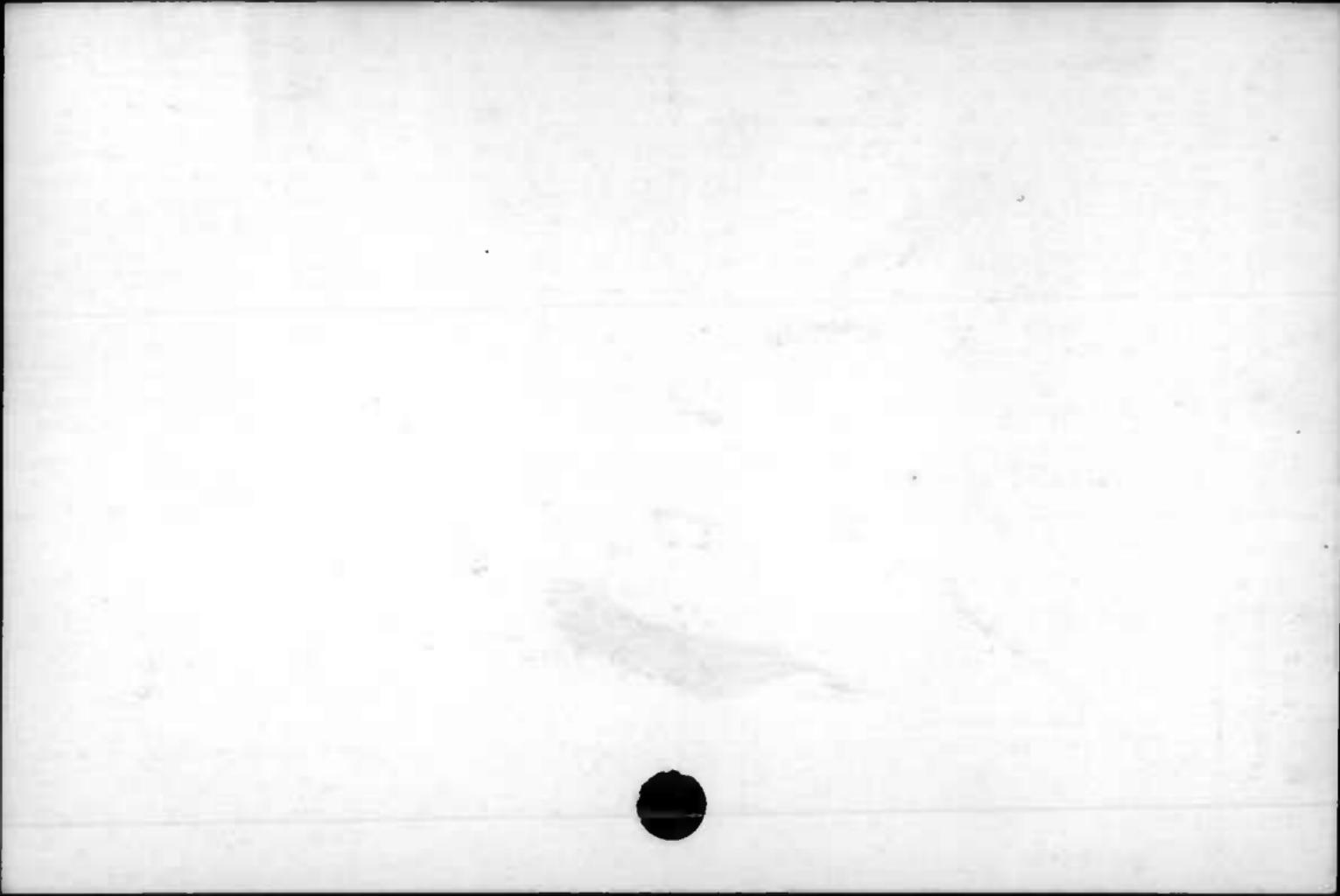
Signature of  
Physician

Geo F Nickeson

Address

Easton M'

Accident or Suicide?



Name  
in  
Full

Harper Clyde Parrott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William C. Parrott		
Mother's Maiden Name	Ida B. Lyons		
Name of person giving information	William C. Parrott		
	Md		
	Md		
	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebrospinal

105

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

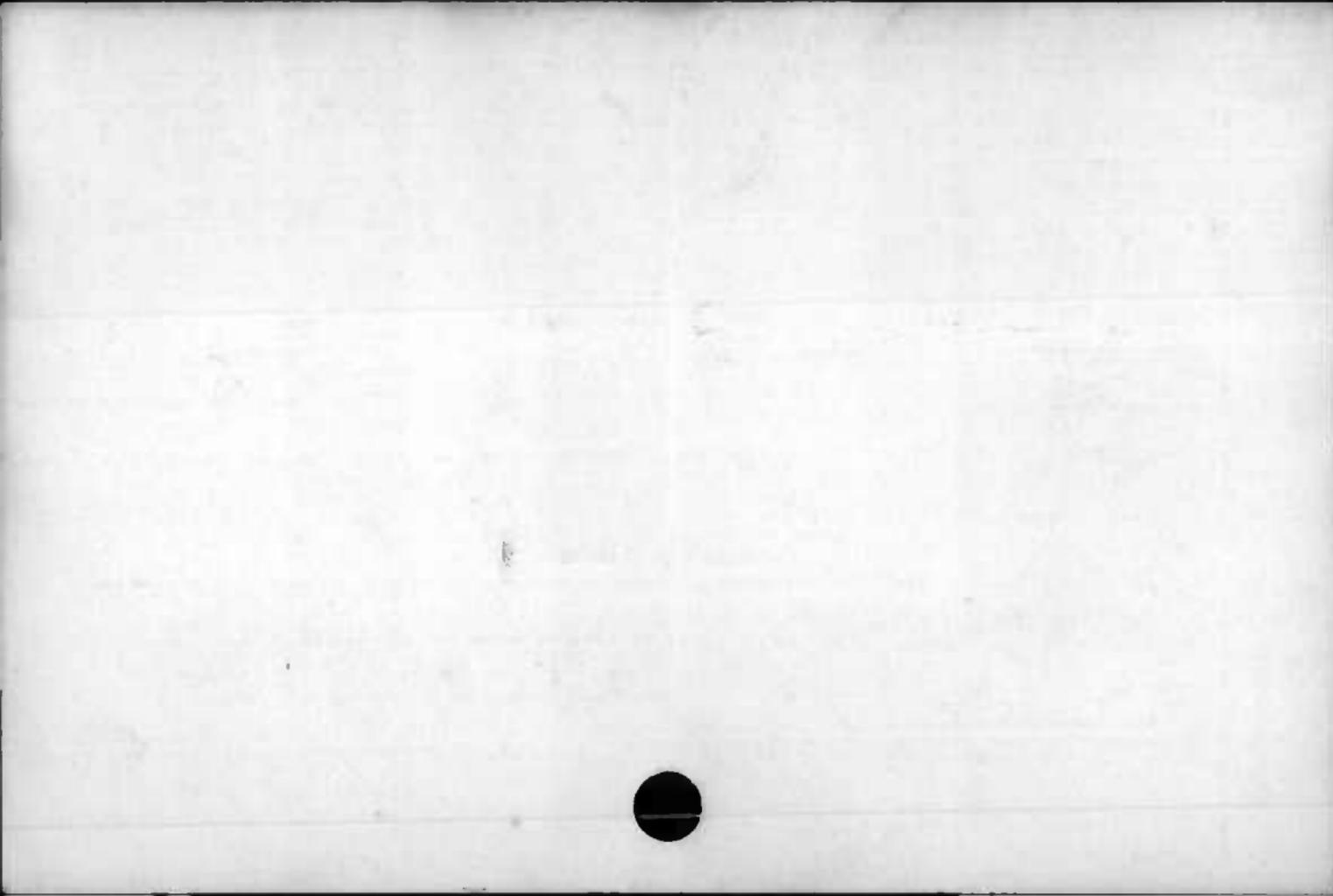
Yes.

Signature of Physician

Address

Visited patient  
just give a 2 just  
How long  
small house

Accident or Suicide?



Oliver Flummener

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>St Michaels</u>		Town <u>Talbot</u> County		MARYLAND	
Date of death <u>1905 Nov</u>	Month <u>Nov</u>	Day <u>16</u>	Years <u>—</u>	Months <u>4 —</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>St Michaels</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John O Flummener</u>	Father's Birthplace <u>Chapel dist</u>				
Mother's Maiden Name <u>Ruth McGuay</u>	Mother's Birthplace <u>Chaple dist</u>				
Name of person giving Information <u>John O Flummener</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary

Cold & Abscess

1144

How long

several days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

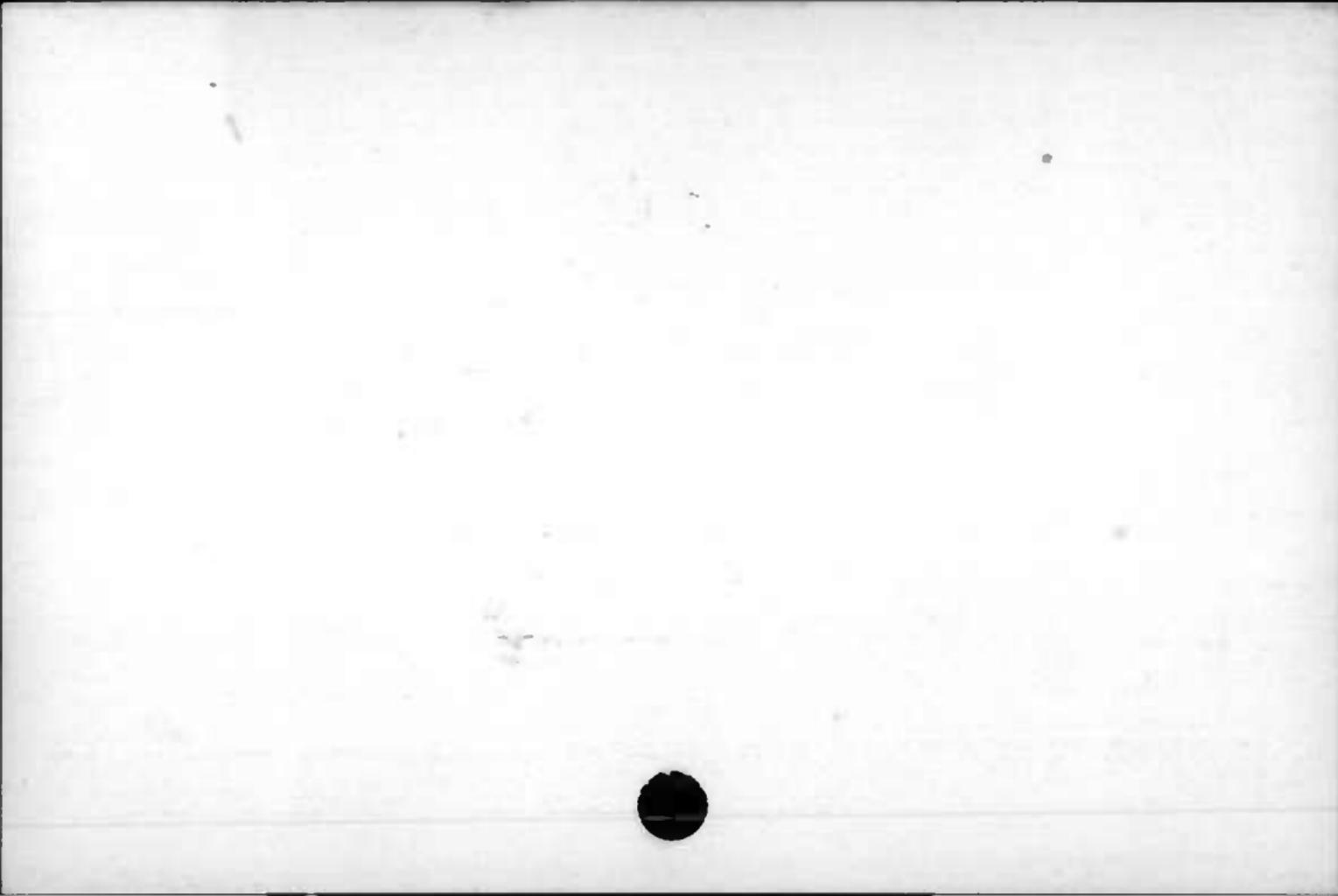
yes

Signature of Physician

Walter Skinner but by  
St Michaels

Address

Accident or Suicide?



Name  
in  
Full

Marie Luis Price

CERTIFICATE OF DEATH

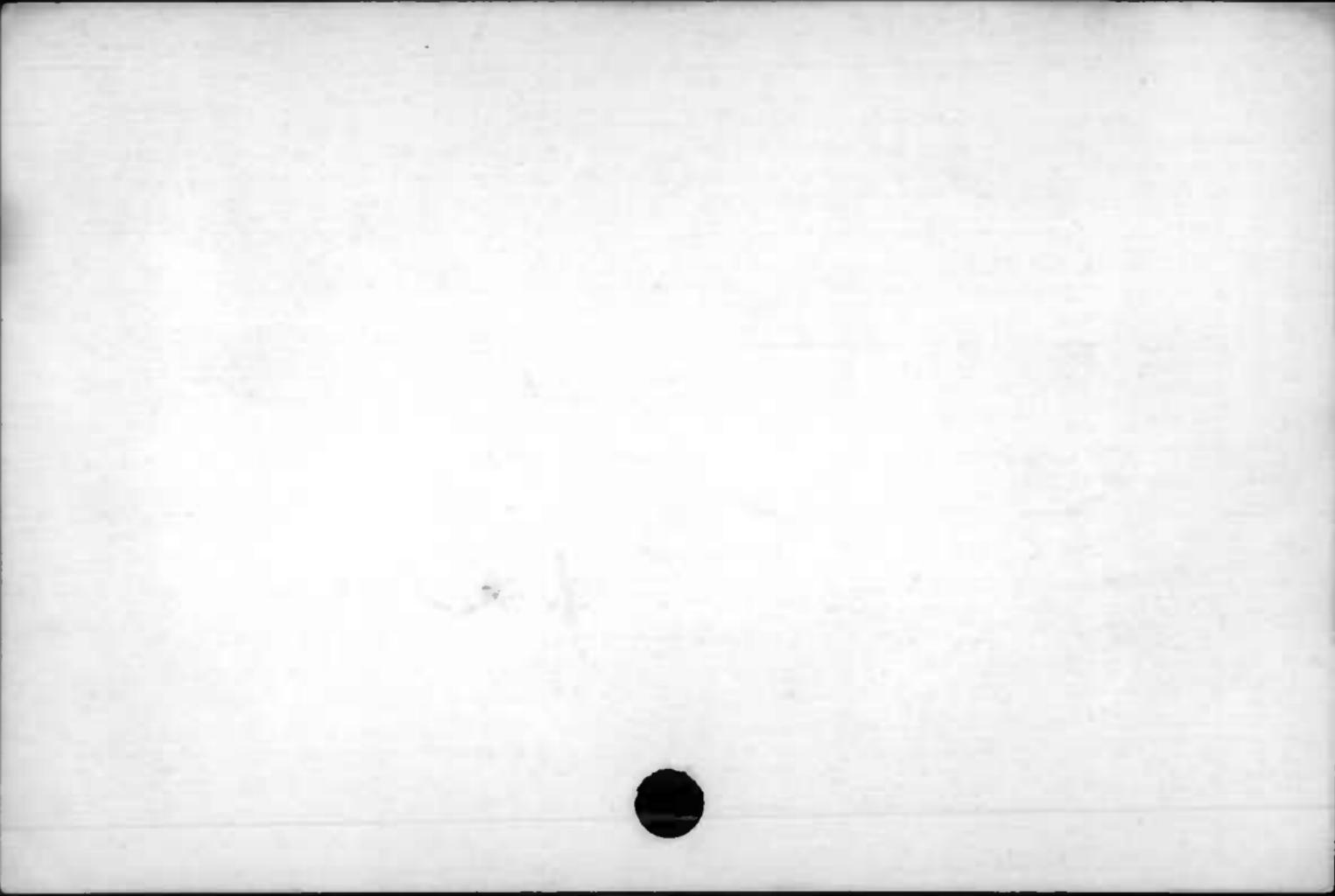
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	November	25	Saturday	Age	four
Sex	Female	Color or Race	White	Birth-place	Easton
Occupation	X	Where Residing if not at place of death			X
Married, Single or Widowed	X	Name of Wife or Husband	X		
Father's Name	Willard F Price			Father's Birthplace	Dorchester
Mother's Maiden Name	Lizzie S Woodward			Mother's Birthplace	Baltimore
Name of person giving Information	Willard F Price			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eating rotten Chestnuts		(X) 15	How long	3 days
Immediate	Stomaine Poisoning			How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas. F. Warden	
			Address	Easton Md	
Accident or Suicide?					



Name  
in  
Full

Dollie Carnesima Lumm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month Nov.	Day 20	Age 2	Years	Months 1	Days 11	
Sex Female	Color or Race white	Occupation		Birth-place Oxford Neck			
Married, Single or Widowed Single							
Name of Wife or Husband							
Father's Name	Otto Anton Lumm		⑨			Father's Birthplace Pennsylvania	
Mother's Maiden Name	Mary R. Baynard		⑨			Mother's Birthplace Cardona Md	
Name of person giving Information	Otto A Lumm		⑨			How related to deceased Father	

CAUSES OF DEATH

Primary

Cramp

How long

One day

Immediate

⑨

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

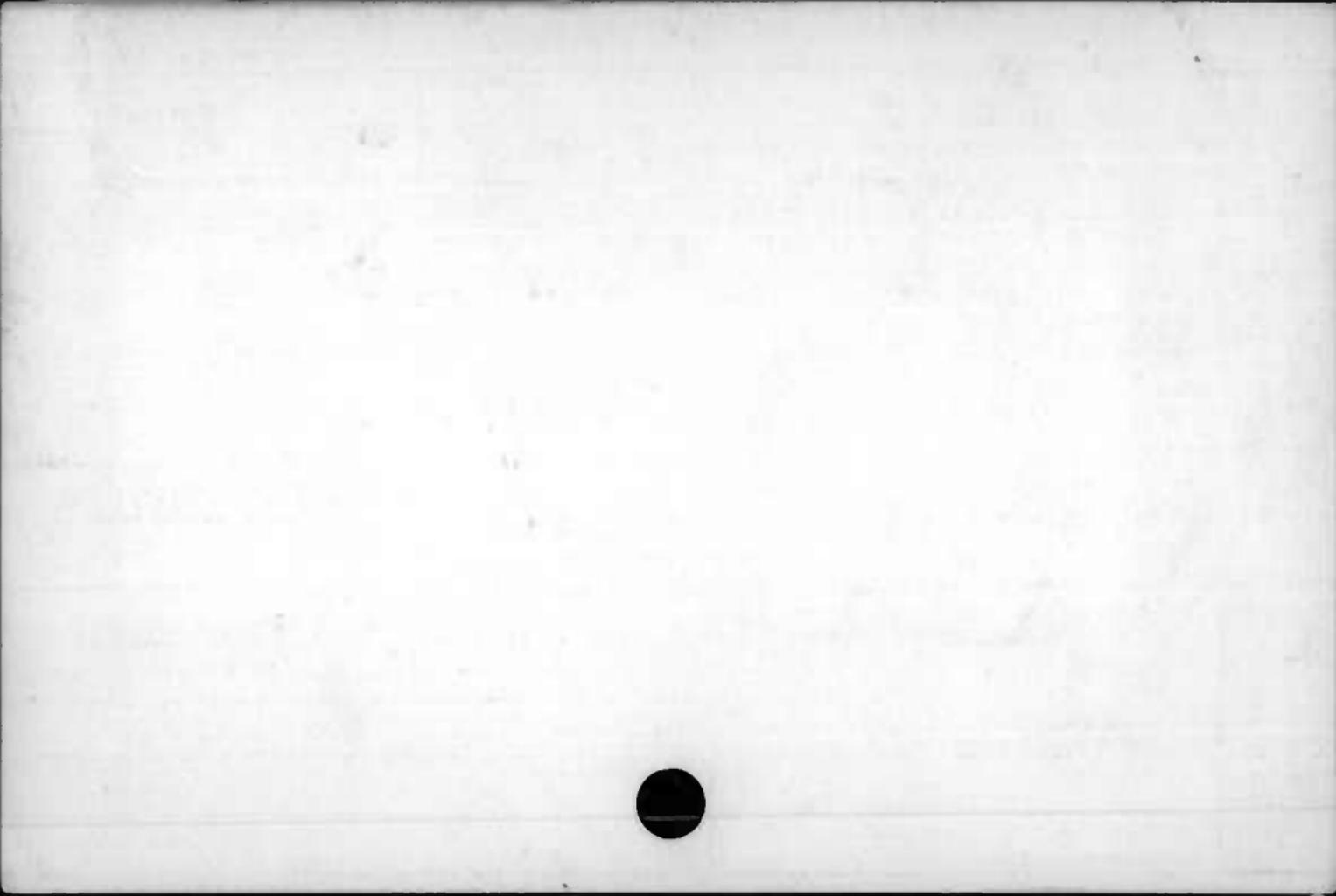
J. A. Stevens

Oxford, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name  
in  
Full

Thos. H. Whithy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Euston</u>		Town	County <u>Talbot</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>10</u>	Age <u>69</u>	Years <u>69</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Talbot Co., Md</u>				
Occupation <u>Sailor</u>		Where Residing if not at place of death <u>Baltimore, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sophia Anne Clark</u>					
Father's Name <u>Thos Whithy</u>	Father's Birthplace					
Mother's Maiden Name <u></u>	Mother's Birthplace					
Name of person giving information <u>Wm H. Whithy</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

Primary	<u>Enlarged Prostate, Cryptitis</u>	<u>12-5</u>	How long <u>3 yr</u>
Immediate	<u>Urinary</u>		How long <u>2 weeks</u>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm H. Whithy

Euston, Md

Accident or Suicide?

41